

## Executive Summary

In 2007, the Washington State Legislature passed Substitute Senate Bill 5930, authorizing the Department of Social and Health Services (DSHS) to “Evaluate the effectiveness of current chronic care management efforts in the health and recovery services administration and the aging and disability services administration, comparison to best practices, and recommendations for future efforts and organizational structure to improve chronic care management.”

Findings from a randomized controlled trial of the first 9 to 10 months of three Medicaid chronic care management projects targeting high-risk disabled adult clients shows evidence of significant decreases in mortality rate in two projects, signs of positive impact on clients as reflected in care management records and client surveys, and no statistically significant cost savings in the short term. The short program participation period presented an evaluative challenge for two of the projects when a portion of that time was spent attempting to contact and engage the client. Low engagement rates may have diminished the ability of the study to detect statistically significant outcomes.

### Overview of the Three Chronic Care Management Approaches

The projects all share two major components:

- **Predictive Modeling**—a computerized program, ImpactPro™, was used to select potential enrollees at highest risk for future healthcare utilization based on analysis of demographics, healthcare claims, and utilization.
- **Care Management**—assessment and intervention provided to high-risk clients by a care manager through telephonic and/or face-to-face contacts that results in a plan of care jointly developed by client and care manager.

### *ADSA Chronic Care Management Project*

The ADSA Chronic Care Management Project:

- Provides intensive care management services throughout Washington State that integrate acute and long-term care services using face-to-face care management focused on supporting existing ADSA clients living in their home.
- Provides clients with a formal, state-paid caregiver to support their personal care needs.
- Builds on long-term care casework and in-home service delivery infrastructure through Area Agencies on Aging.

Clients remain in the project for the period of time that they are eligible for chronic care management services.

### ***AmeriChoice Washington, a subsidiary of United Healthcare, Care Management Project***

The AmeriChoice Washington Care Management Project:

- Provides telephonic and in-person care management interventions throughout Washington State (except for King County) to clients not receiving ADSA long-term care services
- Focuses on access to providers and receipt of health education

Clients remain in the project for six months with the opportunity to extend enrollment to a maximum of 12 months.

### ***King County Care Partners Chronic Care Management Project***

The King County Care Partners Chronic Care Management Project:

- Provides intensive face-to-face care management services to clients not receiving ADSA long-term care services.
- Is a coalition of The City of Seattle, Aging and Disability Services with other local agencies including Harborview Hospital, UW Informatics Research, many community health centers, and Senior Services of King County.
- Provides linkages for clients in King County to a medical home and extensive coordination between behavioral health and physical health systems.

Clients remain in the project for six months with the opportunity to extend enrollment to a maximum of 12 months.

## **Key Findings**

### ***ADSA Chronic Care Management Project***

Engagement rate was 43% of those targeted for the program, similar to projects nationally. Clients' contact information was known to care managers since all were receiving services from ADSA. The engagement rate was limited by the enrollment capacity for each Area Agency on Aging.

In all five of the areas of health measured by survey—Overall Health Rating, Patient Activation Measure, Overall Self-Sufficiency, Pain Impact, and Quality of Life Scale—the results consistently pointed to better self-reported health outcomes in the treatment group than the comparison group.

There was a statistically significant lower risk of death among the clients randomly assigned to being offered chronic care management in the ten-month study period. Those in the treatment group had lower average medical costs in the first ten months of the project than those not offered treatment, though this was

partially offset by increased in-home long-term care services. This difference was not statistically significant.

Findings from the client record review showed that nearly half of the clients in the sample achieved improvements in health condition, living environment, or access to treatment. The greatest challenges appeared to be resource limitations, particularly in rural areas of Washington State.

### ***AmeriChoice Washington Chronic Care Management Project***

Engagement rate was 45%, as measured by premiums paid during the study period. Engagement was actually less, at approximately 15%, due to an implementation problem identified through program monitoring and later corrected. Low engagement rates may have diminished the ability of the study to detect statistically significant outcomes.

Survey findings showed no significant differences in responses between the treatment and comparison groups.

There was no significant difference in mortality rate. There was no average cost savings for those in the treatment group.

Client record review found evidence of self reported successes such as smoking cessation, use of preventive care, and completion of advanced directives. These findings were based on only 15 care management records with five corresponding physician records that were available for review out of 60 records requested.

### ***King County Care Partners Chronic Care Management Project***

Engagement rate was 18% during the study period due to slow program start-up and difficulty reaching clients. Low engagement rates may have diminished the ability of the study to detect statistically significant outcomes.

In the five areas of health measured by survey—Overall Health Rating, Patient Activation Measure, Overall Self-Sufficiency, Pain Impact, and Quality of Life Scale—the results were conflicting.

There was a statistically significant lower risk of death among the clients randomly assigned to treatment group in the first nine months of the project. There was no significant average cost savings between the two groups.

Findings from the client record review in the sample included referring clients to supportive health and social service programs, stabilizing mental health conditions through coordinating services for clients, and an increase in smoking cessation.

### **Conclusions and Recommendations**

Comparison between chronic care management projects was not the intent of this evaluation, nor was it appropriate given the distinct nature of each project's population, focus, and interventions. Key findings from the evaluation are as follows:

- The significant reduction in mortality in the ADSA and King County Care Partners projects was unexpected and considerable given the short evaluative period. These findings bear further study.
- The projects showed no statistically significant cost savings to the state in the first nine to ten months of implementation.
- Client engagement is and will remain a challenge for programs targeting high-need high-cost Medicaid clients. Offering services does not guarantee client engagement. Increasing such client engagement may require a combination of strategies appropriate to each program and population.
- Limited access to resources diminishes the ability of the care manager to successfully impact the client's plan of care and was experienced by all projects. Examples of limited resources include: access to pain management specialists, emergency mental health services, chemical dependency services, and timely availability of interpreters.
- Expediting clients' continued enrollment in two of the three projects would improve care management efforts by reducing administrative workload.